

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093020

1. Entity Name
TRADE ROUTES, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90815 018 ***150.00

0066035
AV

Principal Place of Business
5123 SANTA ROSA STREET
MILTON FL 32570
US

Mailing Address
5123 SANTA ROSA STREET
MILTON FL 32570
US



2. Principal Place of Business
7674 Petersen Pt Rd
Suite, Apt. #, etc.

3. Mailing Address
7674 Petersen Pt Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Milton, FL
Zip
32583
Country
Santa Rosa

City & State
Milton, FL
Zip
32583
Country
Santa Rosa

4. FEI Number
59-3604096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JAMES E
7674 PETERSEN POINT ROAD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CMP	<input type="checkbox"/> Delete
NAME	RUSSELL, JAMES E	
STREET ADDRESS	7674 PETERSON POINT ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUSSELL, KATHERINE L	
STREET ADDRESS	7674 PETERSON POINT ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S	<input type="checkbox"/> Delete
NAME	RASHIN, CATHY	
STREET ADDRESS	283 JACK PINE ROAD	
CITY-ST-ZIP	RED ROCK TX 78662	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 03

Date

850-983-9384

Daytime Phone #

CR2E034 (10/02)